City of Lansing



SEWER UTILITY CREDIT PROGRAM

TAX YEAR _____

Please submit the following documentation in order to receive your sewer utility credit:

- 1. Proof of income level (State of Michigan Tax Return, etc)
- 2. Proof of paid monthly sewer utility costs (BW&L latest statement)
- 3. Property parcel number (located on your property tax bill)

Lansing, MI 48933

APPLICANT	INFORMA	TION (please print)

name.		Social Security #.	
Address:		Property Parcel #:	
Phone #:		BW&L account #:	
COMPUTATION			
Line 1 – Household	income		\$
Line 2 – Maximum Income Ceiling (from Table 1)			\$
If Line 1 is greater th	han Line 2 STOP, you DO N han Line 1 than proceed to L	OT qualify for this credit	
Line 3 – Annual Sewer Bill (Total of 12 Monthly Bills)			\$
Line 4 – Less 2% of household income (.02 x annual income)			\$
	han Line 3 STOP, you DO N han Line 4 than proceed to L		
Line 5 – Subtract Line 4 from Line 3			\$
If Line 5 is less than \$60 than Sewer Utility Credit = amount of Line 5 If Line 5 is greater than \$60 than Sewer Utility Credit = \$60			\$
Line 6 – Sewer Utility Credit			\$
I declare that the inf	ormation on this form is true	e and complete to the best of	my knowledge.
Applicant's Signature Date			
Submit Form to:	_	Form Must be F	iled by June 30th
	Treasurer's Office		
	124 W. Michigan Avenu	ie	